

CIVIL RIGHTS COMPLAINT  
42 U.S.C. § 1983

FILED  
IN CLERK'S OFFICE  
U.S. DISTRICT COURT E.D.N.Y.

★ MAY 23 2019 ★

LONG ISLAND OFFICE

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

-----X  
Anthony White  
Full name of plaintiff/prisoner ID#

CV 19 3113

Plaintiff,

JURY TRIAL DEMAND  
YES ☒ NO ☐

-against-  
Riverhead, Suffolk County  
Correctional Facility

Enter full names of defendants  
[Make sure those listed above are  
identical to those listed in Part III.]

SEYBERT, J.

Defendants.  
-----X

TOMLINSON, M.J.

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes ( ) No (X)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: \_\_\_\_\_  
\_\_\_\_\_

Defendants: \_\_\_\_\_  
\_\_\_\_\_

2. Court (if federal court, name the district;  
if state court, name the county)

\_\_\_\_\_

3. Docket Number: \_\_\_\_\_

4. Name of the Judge to whom case was assigned: \_\_\_\_\_

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)  
\_\_\_\_\_

6. Approximate date of filing lawsuit: \_\_\_\_\_

7. Approximate date of disposition: \_\_\_\_\_

II. Place of Present Confinement: Walkill Corr. Facility, Rt. 208, Box G, Walkill, N.Y. 12589-0286

A. Is there a prisoner grievance procedure in this institution? Yes ( ) No ( )

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes (x) No ( ).

C. If your answer is YES,

1. What steps did you take? I Exhausted all Facility Remedies Srgt, Lt. Captain, Medical, Etc.

2. What was the result? All Went Void, and Was Denied Proper Medical Care.

D. If your answer is NO, explain why not \_\_\_\_\_

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes (x) No ( )

F. If your answer is YES,

1. What steps did you take? I Made Several Request To Working Officer (s) & Srgt on the Unit, Along With grievance's

2. What was the result? There Was No Result (s) Due To lack OF Medical Care Health issues has progressed & worsen Causing Respiratory & Heart Problems

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Anthony White SR

Address Walton Corr Facility, Rt. 206 Box G, Walton, N.Y. 12589-0286  
Home Address 4 DEVER PL. MASTIC N.Y. 11950

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served.  
Plaintiff must provide the address for each defendant named.

Defendant No. 1

Riverhead Correctional Facility SUFFOLK County Jail. &  
Medical Unit 100 CENTER DRIVE  
RIVERHEAD NY 11901

Defendant No. 2

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant No. 3

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant No. 4

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant No. 5

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

#### IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

WHEREAS ON AUG 11<sup>TH</sup> 2013 AFFIANT WERE DETAINED IN THE RIVERHEAD SUFFOLK COUNTY JAIL, THUS WHILE BEING INCARCERATED INSID FACILITY. THE AFFIANT SUFFERED CARDIAC AND RESPIRATORY INFECTION. THE AFFIANT AS WELL WERE GIVEN MEDICATION, THAT WOULD SHOW TODAY TO BE NON EFFECTIVE. THEN TO AFFIANT WERE FACED WITH INFECTION ON FEET WHICH WOULD BE PAINFUL, AS THE AFFIANT COMPLAINED OF LACK OF BREATH, AND OTHER PHYSICAL HEALTH PROBLEM(S) THE COMPLAINTS OF VERBAL AND GRIEVANCE WENT VOID WITH NO MERIT, HOWEVER THE FURTHER INCARCERATION OF STATE FACILITIES, HAS BEEN DETERMINED BY DOCTORS, THAT SAID HEALTH PROBLEM(S) COULD HAVE BEEN UNDER SUBMISSION HAD RIVERHEAD COUNTY JAIL ENVIRONMENT BEEN CORRECTED.

IV. A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

THE NOW AFFIANT IS SUFFERING WITH A PACE MAKER TO WHICH DEEM SIC CELL SYNDROME. THE TREATMENT WERE VAGUE. HOWEVER THE AFFIANT PASSED OUT, AND WERE NOT TREATED FOR HEART FAILURE. AFTER PASSING OUT AFFIANT BLEED IN HIS SCULL AND NO TREATMENT GIVEN; WERE ONLY ASK WERE HE MIGHT. THE AFFIANT CONTINUED TO INFORM MEDICAL OF FEET FUNGUS, WERE TREATED WITH FUNGUS CREAM, THAT MADE MATTER OF CONDITION WORSE

V. Relief:

State what relief you are seeking if you prevail on your complaint. "

THE PLAINTIFF WISH TO STATE THAT HE WOULD LIKE  
TO BE COMPENSATED BY PUNITIVE, NOMINAL, AND  
COMPENSATIVE STANDARDS.

I declare under penalty of perjury that on MAY 20<sup>th</sup> 2019, I delivered this  
(Date)  
complaint to prison authorities to be mailed to the United States District Court for the Eastern  
District of New York.

Signed this 20<sup>th</sup> day of MAY, 2019. I declare under penalty of  
perjury that the foregoing is true and correct.

Mr. Anthony Zambora  
Signature of Plaintiff

WALLACE CORR FACILITY  
Name of Prison Facility

ROUTE 208, BOX 6

WALLACE CORR FACILITY

WALLACE NY 12589-0286  
Address

STATE # 15N-3012 / SCF # 124989  
Prisoner ID#